

REQUEST TO ADD NEW EMPLOYEE IN ATAAPS

EFFECTIVE DATE: _____

EMPLOYEE'S FULL NAME: _____

WHO CAN WE CALL TO VERIFY EMPLOYEE'S SOCIAL SECURITY NUMBER?

NAME: _____

PHONE: _____

EMPLOYEE'S ORGANIZATION: _____

ATAAPS UIC: _____

ATAAPS TEAM: _____

ATAAPS ROSTER: _____

CERTIFIER: _____

TIMEKEEPER: _____

WORK SCHEDULE: FULL-TIME OR PART-TIME? (Circle only one)

PLEASE COMPLETE THE TABLE BELOW WITH DAILY HOURS/WEEKLY TOTALS.

SUN	MON	TUES	WED	THURS	FRI	SAT	WEEK 1 TOTAL
SUN	MON	TUES	WED	THURS	FRI	SAT	WEEK 2 TOTAL

ATAAPS WORK CENTER: _____

ATAAPS TASK: _____

ATAAPS JOB ORDER: _____

IF ADDITIONAL INFORMATION IS REQUIRED, WHO SHOULD WE CONTACT?

NAME: _____

PHONE: _____

EMAIL: _____

******Personal Date – To be treated in a confidential manner (P.L. 93-579)****
Information Protected by Privacy Act of 1974**